

AHIP MEDICARE TRAINING PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

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1. What should a Medicare beneficiary do if they change their address?

- A. Notify their healthcare provider only
- B. Update their address with Social Security
- C. Send a letter to Medicare headquarters
- D. There is no need to update any address

2. What does Medicare Part C (Medicare Advantage) encompass?

- A. Only hospital coverage
- B. The combination of Parts A and B with additional coverage
- C. Supplemental insurance for dental and vision only
- D. A standalone prescription drug plan

3. What is a preferred pharmacy in Medicare Part D plans?

- A. A pharmacy selected by Medicare for mandatory use.
- B. A pharmacy that has negotiated lower prices and often offers reduced co-pays for beneficiaries.
- C. A pharmacy that provides only brand-name medications.
- D. A pharmacy located in rural areas only.

4. Can Mr. Wingate's non-formulary medications count toward TrOOP for his Part D coverage?

- A. Yes, provided they are prescribed by his doctor.
- B. Yes, they count unless he buys them online.
- C. No, none of his non-formulary medications currently count toward TrOOP.
- D. Only over-the-counter medications can count toward TrOOP.

5. If Jerry's Medigap plan does not provide drug benefits, what coverage should he consider adding?

- A. Part A coverage
- B. Standalone Part D coverage
- C. Long-term care insurance
- D. Medicare Advantage plan

- 6. Before conducting in-home presentations for Medicare Advantage plans, what must you obtain?**
- A. A general permission to visit potential clients
 - B. Written consent from your supervisor
 - C. An invitation from the beneficiary and documentation of products to discuss
 - D. A list of questions from the beneficiary
- 7. How does the Medicare hospice benefit work?**
- A. It focuses on curative treatments for terminal illnesses
 - B. It provides end-of-life care focused on comfort and support
 - C. It covers only hospital stay costs
 - D. It is available only to inpatients
- 8. What do Medigap plans help cover for services that are medically necessary?**
- A. Monthly premiums
 - B. Emergency care
 - C. Coinsurance and deductibles
 - D. Health plan network restrictions
- 9. What limitation do Medicare Part D plans have regarding the medications they cover?**
- A. They must cover all medications without any exclusions.
 - B. They can have formularies with varying covered drugs, using cost-containment techniques.
 - C. They only cover emergency medications.
 - D. They must provide every medication at the lowest cost.
- 10. What types of products should Mr. Prentice review the CMS Communication and Marketing Guidelines for?**
- A. Only health insurance products.
 - B. Medicare Advantage and Prescription Drug plans.
 - C. Life insurance products.
 - D. No specific product review is necessary.

Answers

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1. B
2. B
3. B
4. C
5. B
6. C
7. B
8. C
9. B
10. B

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Explanations

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1. What should a Medicare beneficiary do if they change their address?

- A. Notify their healthcare provider only
- B. Update their address with Social Security**
- C. Send a letter to Medicare headquarters
- D. There is no need to update any address

When a Medicare beneficiary changes their address, it is crucial for them to update their address with the Social Security Administration. This is because Medicare benefits are closely linked to Social Security records. Notifying Social Security ensures that all relevant information, including Medicare coverage, is updated to reflect the beneficiary's current situation, allowing for proper communication regarding their benefits, plans, and any correspondence related to their healthcare services. Updating their address only with a healthcare provider may not suffice, as it does not ensure that the Medicare records are corrected. Sending a letter to Medicare headquarters is not the standard or most efficient method for making address changes and may lead to delays or issues in receiving important information. Lastly, neglecting to update their address can lead to missed notifications about benefits, changes in coverage, or important healthcare updates. Therefore, it is essential for beneficiaries to take proactive steps in getting their address updated with Social Security when they experience a change in residence.

2. What does Medicare Part C (Medicare Advantage) encompass?

- A. Only hospital coverage
- B. The combination of Parts A and B with additional coverage**
- C. Supplemental insurance for dental and vision only
- D. A standalone prescription drug plan

Medicare Part C, also known as Medicare Advantage, encompasses a combination of Medicare Parts A and B, and often includes additional benefits that are not covered by original Medicare. This means that it provides hospital coverage (Part A) and medical coverage (Part B) as part of a single plan offered by private insurance companies approved by Medicare. Additionally, Medicare Advantage plans frequently offer extra benefits such as routine vision and dental care, health and wellness programs, and may even include prescription drug coverage within the same plan. This comprehensive approach allows beneficiaries to receive their Medicare benefits all in one place while potentially enjoying more services than what is provided by traditional Medicare alone. The other options focus on specific areas of coverage such as just hospital care or supplemental insurance, which do not accurately reflect the breadth of what Medicare Advantage plans provide. Medicare Advantage indeed combines the necessary components of Medicare while enhancing the coverage with additional benefits, making it a pivotal option for many beneficiaries.

3. What is a preferred pharmacy in Medicare Part D plans?

- A. A pharmacy selected by Medicare for mandatory use.
- B. A pharmacy that has negotiated lower prices and often offers reduced co-pays for beneficiaries.**
- C. A pharmacy that provides only brand-name medications.
- D. A pharmacy located in rural areas only.

A preferred pharmacy in Medicare Part D plans refers to a pharmacy that has arranged with the plan to provide medications at lower prices. This often translates into reduced co-pays for beneficiaries who choose to fill their prescriptions at these pharmacies. The arrangement benefits both the pharmacy, which increases customer traffic, and the beneficiaries who save money on their medications. By selecting a preferred pharmacy, beneficiaries can access their prescriptions at a lower cost compared to pharmacies that are not part of this agreement with the Medicare Part D plan. This incentive is designed to guide beneficiaries towards cost-effective choices while still ensuring they have access to necessary medications. The other options do not accurately capture the concept of a preferred pharmacy. For instance, a pharmacy selected by Medicare for mandatory use is not an accurate description, as beneficiaries can choose from a network of pharmacies, not just one. Additionally, the notion that a preferred pharmacy provides only brand-name medications is misleading, as preferred pharmacies often carry both brand-name and generic options. Lastly, the idea that a preferred pharmacy is limited to rural areas is incorrect, as preferred pharmacies can be found in urban, suburban, and rural settings depending on the plan's network.

4. Can Mr. Wingate's non-formulary medications count toward TrOOP for his Part D coverage?

- A. Yes, provided they are prescribed by his doctor.
- B. Yes, they count unless he buys them online.
- C. No, none of his non-formulary medications currently count toward TrOOP.**
- D. Only over-the-counter medications can count toward TrOOP.

TrOOP, or True Out-of-Pocket costs, refers to the money that a beneficiary spends out of their own pocket for covered Part D drugs, which helps determine when they will enter the catastrophic coverage phase of their plan. For a medication to count toward TrOOP, it must be a covered drug under the beneficiary's Part D plan's formulary. Non-formulary medications are those that are not included on a plan's list of covered drugs. Since these medications are not recognized as covered drugs by the plan, any costs associated with them cannot be counted toward the beneficiary's TrOOP. Therefore, when Mr. Wingate purchases non-formulary medications, those costs will not accumulate toward the out-of-pocket threshold that triggers the transition to catastrophic coverage, making this the correct rationale behind the answer that none of his non-formulary medications currently count toward TrOOP. Options suggesting that non-formulary medications could count under certain conditions or other types of medications disregards the fundamental rule that non-formulary drugs simply do not qualify for TrOOP calculations.

5. If Jerry's Medigap plan does not provide drug benefits, what coverage should he consider adding?

- A. Part A coverage
- B. Standalone Part D coverage**
- C. Long-term care insurance
- D. Medicare Advantage plan

If Jerry's Medigap plan does not provide drug benefits, he should consider adding standalone Part D coverage. Part D is specifically designed to cover prescription drugs, which means it fills the gap left by the absence of drug coverage in his Medigap plan. This coverage is essential for managing medication costs and ensuring that he has access to necessary prescriptions at an affordable price. Standalone Part D plans are offered by private insurance companies approved by Medicare, and they can complement Jerry's existing Medigap coverage by providing the prescription drug benefits that he currently lacks. This allows him to maintain broad access to healthcare without having to switch to a completely different plan that may not align with his needs. Part A coverage refers to hospital insurance that helps cover inpatient care and may not address Jerry's need for drug coverage. Long-term care insurance covers different services related to long-term health issues but does not provide prescription drug coverage either. Meanwhile, a Medicare Advantage plan (also known as Part C) often includes drug coverage, but it would mean switching from his current Medigap plan to a managed care plan, which may not be in Jerry's best interest depending on his specific healthcare needs and preferences.

6. Before conducting in-home presentations for Medicare Advantage plans, what must you obtain?

- A. A general permission to visit potential clients
- B. Written consent from your supervisor
- C. An invitation from the beneficiary and documentation of products to discuss**
- D. A list of questions from the beneficiary

To conduct in-home presentations for Medicare Advantage plans, obtaining an invitation from the beneficiary along with documentation of the products to discuss is essential. This ensures compliance with Medicare marketing rules, which mandate that beneficiaries must express interest in specific plans before a representative can meet with them in their home. This not only respects the beneficiary's autonomy and privacy but also adheres to regulatory requirements regarding marketing practices in the Medicare program. By obtaining this invitation, the representative can ensure that the discussion remains relevant to the beneficiary's needs and interests. Furthermore, having documentation of the products to be discussed helps clarify information and improves the chances of a meaningful and productive conversation about Medicare options. This approach fosters trust and a professional relationship, aligning with best practices in the field.

7. How does the Medicare hospice benefit work?

- A. It focuses on curative treatments for terminal illnesses
- B. It provides end-of-life care focused on comfort and support**
- C. It covers only hospital stay costs
- D. It is available only to inpatients

The Medicare hospice benefit is designed to provide comprehensive end-of-life care, emphasizing comfort and support for individuals with terminal illnesses. This benefit prioritizes the quality of life for patients by addressing not just physical symptoms but also emotional and spiritual needs through a team approach. When a patient is eligible for hospice, they have opted for care that focuses on palliation rather than curative treatments, meaning their care plan will include services aimed at relieving pain and improving comfort rather than attempting to cure their illness. This holistic approach can encompass a variety of services, including nursing care, counseling, and assistance for family members, all tailored to meet the patient's needs. The other options do not accurately reflect the purpose and functionality of the hospice benefit. The focus on curative treatments and restrictions to inpatient care or hospital costs misinterpret the intent of hospice care, which aims to support patients in their homes or in skilled care facilities, creating a more compassionate environment as they approach end-of-life decisions.

8. What do Medigap plans help cover for services that are medically necessary?

- A. Monthly premiums
- B. Emergency care
- C. Coinsurance and deductibles**
- D. Health plan network restrictions

Medigap plans, also known as Medicare Supplement Insurance, are designed to help cover out-of-pocket costs associated with Medicare for services that are medically necessary. Specifically, they take care of expenses such as coinsurance and deductibles that Medicare doesn't fully cover. For instance, after a person has met their Medicare Part A or Part B deductibles, they are still responsible for coinsurance amounts when receiving care; Medigap can help alleviate these additional costs. This additional coverage is particularly beneficial for seniors, as it reduces their financial burden when accessing essential health services. While monthly premiums for Medicare Parts A and B, emergency care, and health plan network restrictions may be relevant to other aspects of Medicare or health plans, they do not fall under the primary function of Medigap plans, which is focused on assisting with cost-sharing elements like coinsurance and deductibles.

9. What limitation do Medicare Part D plans have regarding the medications they cover?

- A. They must cover all medications without any exclusions.
- B. They can have formularies with varying covered drugs, using cost-containment techniques.**
- C. They only cover emergency medications.
- D. They must provide every medication at the lowest cost.

Medicare Part D plans are required to develop formularies, which are lists of covered drugs. These formularies can include a range of medications but do not have to cover every medication available. Instead, they can utilize cost-containment techniques, which allows them to manage the costs associated with prescription drugs. This means that Part D plans can have varying levels of coverage for different medications, and some drugs may be excluded from coverage altogether based on factors such as their cost or the availability of alternatives. The ability to employ cost-containment strategies helps ensure that plans can offer affordable and sustainable coverage to beneficiaries while still providing access to a wide array of medications. This flexibility is essential for balancing the needs of patients and the financial viability of the plans.

10. What types of products should Mr. Prentice review the CMS Communication and Marketing Guidelines for?

- A. Only health insurance products.
- B. Medicare Advantage and Prescription Drug plans.**
- C. Life insurance products.
- D. No specific product review is necessary.

The correct response highlights the importance of the CMS Communication and Marketing Guidelines specifically for Medicare Advantage and Prescription Drug plans because these products fall under the Medicare program, which is regulated by the Centers for Medicare & Medicaid Services (CMS). The guidelines are in place to ensure that all marketing materials and communications are clear, truthful, and not misleading, which is particularly crucial given the complexity of Medicare plans. Medicare Advantage plans and Prescription Drug plans are designed for eligible Medicare beneficiaries, and their promotion must adhere to specific standards to protect consumers from deceptive practices. These guidelines help ensure that beneficiaries receive accurate information regarding coverage options, benefits, and costs associated with these plans. In contrast, health insurance products outside of Medicare or life insurance products do not fall under the same regulatory framework governed by the CMS, and thus, the specific marketing guidelines applicable to Medicare do not apply to them. Therefore, reviewing these guidelines is essential for ensuring compliance and providing accurate information related to Medicare Advantage and Prescription Drug plans.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://ahipmedicaretraining.examzify.com>

We wish you the very best on your exam journey. You've got this!

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